

## Oglala Lakota College Application for Leave

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Types of leave available, please list type of leave taken and number of hours of leave taken on chart below.

Sick: (SL), Annual: (AL), Personal:(PL), Consulting: (CN), Compensatory: (CP), LWOP

From: Date/Hour	To: Date/Hour	Total Time	Amount & Type of Leave Taken

\*\*I agree that any leave in excess of amount available to me will be LWOP (Leave Without Pay).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Approval \_\_\_\_\_

Disapproved/Reason for: \_\_\_\_\_

\_\_\_\_\_